

Medical ethics and women

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Contemporary society is becoming more and more interested in "women's issues" and in things that appear to have a uniquely female component. Current wisdom has it that these are appropriately approached only from a female perspective, and even medical ethics is said to be incomplete if it does not include a distinctive female-oriented and female-derived element. This stance is mistaken.

Medical ethics refers to the application of ethical theory to problems and issues that arise in health care delivery. It assumes that there are ethical principles that ought to guide the conduct of physicians and that these apply to all doctors regardless of personal and cultural differences. Although medical ethics acknowledges that these principles may be expressed in different ways, it insists that the principles themselves are the same because they are anchored in the nature of the profession itself. If this were not the case, the Code of Ethics of the World Medical Association would be irrelevant. Medical ethics also assumes that ethical insight is not a divinely granted enlightenment, but that we can discover the ethical facts of the world and understand them by means of reason.

These assumptions may be

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controversial, but they are widely shared and they are clear. The same cannot be said for the phrase "women's health care issues". Taken nonpolitically, it simply indicates that women are physiologically distinct from men and thus have distinct kinds of health problems that men cannot and do not have. It also maintains that no one except a woman can understand these problems subjectively.

Because it is trivial — everyone is in this position in regard to members of the opposite sex — this nonpolitical interpretation is noncontroversial. The political interpretation is not. It claims that this subjective female experience gives women a unique ethical perspective and orientation that is distinctive because it permits insights into ethical principles that are different from those employed by the traditional, "male-oriented" perspective.

This political interpretation offers two possible conclusions:

- This female-oriented perspective should be incorporated into medical ethics as the view-

point from which all female health care issues are considered; or

- a distinctive female-oriented medical ethics should be developed to function independently of, but equal to, the traditional medical ethics.

In both of these conclusions the political interpretation of women's health care issues is wrong-headed and dangerous. Here is why.

As a matter of biological accident our species has two sexes. Since the two are physiologically distinct there are matters unique to each and thus there are medical issues that concern only women. There are also ethical considerations that will be germane only to them, and to this extent supporters of a female-oriented medical ethics are correct.

However, ethics has nothing to do with personal conviction, preference or inclination. It deals with rights and duties, their nature and logic, and the conditions that give rise to them. Although the female-oriented perception of medical ethics begins with incontrovertible facts, the reasoning it

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brings to bear on them is wrong. It tries to base a difference in ethics on a difference in perspectives and values when in fact ethics is predicated on the principle of autonomy and on what it is to be a person. And these have nothing to do with whether one is male, female or neither. If they did, we would also need a special medical ethics for hermaphrodites, people with XY chromosomal anomalies, and so on. Not even the most ardent defender of a female-oriented medical ethics would want to defend such a position.

But if a female-oriented approach to medical ethics is wrong, it is also dangerous. Once the distinction between different kinds of ethics is accepted, there will be no reasonable way to settle conflicting claims between the two ethical camps. Any inference drawn by one side and made from the one perspective will not only be unacceptable to the other, it may not even make sense.

There is an alternative. We could always say that the female perspective is automatically right for female issues, the male perspective for male ones. That, however, would ignore the reality of actual medical practice. Physicians often have patients of the opposite sex. What would their position be towards these patients? Would they become ethically incompetent, as opposed to possibly insensitive, when dealing with them?

Having said all of that, there is nothing to prevent anyone from looking at women's health issues and asking, "Is there anything ethically significant in the issues that face women as women?"

Of course there is. Several issues, such as pregnancy and abortion, touch women in a uniquely intimate and special way and are and should be of concern to medical ethics. However, the thing that makes them so important and takes them beyond anything the female-oriented perspec-

tive has to offer is that their ethical focus goes much deeper. Their real importance has nothing to do with women as women. It has to do with women as persons.

The use of abortion as a women's health issue illustrates what I want to say rather well. Some maintain that a woman's right to control her body is fundamental and absolute and cannot be over-

concepts have to be applied consistently and to all. Combined with this uncompromising position on autonomy and the fact of service-provider monopoly, this would mean that the profession would have a duty to provide an easy death when a patient asked for it: if the right to self-determination over one's own body is absolute, then life is no exception.

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ruled by anyone else for whatever reason. However, the ethical thesis on which such a claim would have to be based is a strong version of the principle of autonomy. This strong version maintains that everyone has a fundamental, inalienable and unconditioned right to self-determination and that any outside interference with this right is indefensible. However, acceptance of this underlying ethical thesis would have far-reaching consequences. It would, of course, entail that a woman could indeed have an abortion if that was what she wanted, and even if that went against the values of other members of society. But since medicine is a service-provider monopoly, it would also mean that the profession would have a duty to ensure that some physicians would perform abortions even if that violated the values of the profession itself.

Further, the implications would extend beyond the immediate sphere of women's health. Equality and justice are also fundamental ethical principles. They mandate that ethical rules and

What I am trying to explain is that both patients and physicians are embedded in a social context and their decision-making must take the effect a decision has on others into account. Medical ethics has not gone very far yet in clarifying the notion that there are threshold points that have a bearing on the ethical right to make a decision. That does not mean that it shouldn't. But the crucial consideration is always, how do I as a person relate to the other as a person?

John Donne said, "No man is an island, entire of itself." Neither is a woman. Both are embedded in social contexts and both interact with each other. And both are persons. That is the fundamental core of women's health issues; the accidental factors of sexual differentiation are not. These factors are important, but the ethical framework — the medical ethics that has to deal with this — must be the same for all. Yes, medical ethics is a women's health issue, but only because medical ethics, first and foremost, must deal with women as persons. ■